

	<i>Urine Culture Testing for Bacteria</i>	
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Bacteriuria is the presence of bacteria in the urine. Urinary tract infections (UTIs) can occur in the urinary system and can be either symptomatic or asymptomatic. UTIs can include cystitis, an infection of the bladder or lower urinary tract; pyelonephritis, an infection of the upper urinary tract or kidney; urosepsis; urethritis; and male-specific conditions, such as bacterial prostatitis and epididymitis. Typically, in an infected person, bacteriuria, and pyuria (the presence of pus in the urine) are present and can be present in both symptomatic and asymptomatic UTIs. A urine culture can be performed to determine the presence of bacteria and to characterize the bacterial infection.

For guidance on pathogen panel testing from urine samples, please see AHS-G2149 Pathogen Panel Testing.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For pregnant individuals, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) for a urinary tract infection (UTI) **may be covered**.

For asymptomatic individuals undergoing urological interventions which breach the mucosa, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) prior to the procedure **may be covered**.

For individuals exhibiting at least one sign or symptom of a possible UTI or bacteriuria (see Note 1 below), urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be covered**.

To assess pyelonephritis, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be covered**.

For all other instances of asymptomatic UTI or asymptomatic bacteriuria not described above, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may not be covered**.

For individuals that show evidence of clinical resolution of infection, follow-up urine culture testing for an uncomplicated UTI **may not be covered**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness

Urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may not be covered** in any of the following situations:

- As a part of initial screening for asymptomatic prostatitis.
- As a part of assessment or prognosis of prostate biopsy.

Note 1:

Signs and symptoms of UTI/bacteriuria

- Symptoms of bladder infection include pain or burning while urinating, frequent urination, feeling the need to urinate despite having an empty bladder, bloody urine, and/or pressure or cramping in the groin or lower abdomen
- Symptoms of a kidney infection include fever, chills, lower back pain or pain in the side of your back, and/or nausea or vomiting
- Symptoms of a UTI in infants, babies, and toddlers include fever, belly pain or fullness, strong foul-smelling urine,

weight loss, irritability, vomiting, poor feeding, fatigue, yellowish skin or eyes, and/or diarrhea.

- Symptoms of a UTI in older kids include daytime accidents or bedwetting after being fully potty trained, painful or difficult urination, pain or discomfort in their lower belly, back, or side, urine that smells bad, is cloudy or has blood in it, nausea and/or vomiting, fever and chills, fatigue, and/or a frequent, urgent need to urinate, especially if only a small amount comes out when they go.
- Symptoms of a UTI in older, frail people, or people with a urinary catheter include leaking urine (wetting themselves or incontinence) that is worse than usual, new shivering or shaking (rigors) and/or changes in behavior, such as acting agitated or confused (delirium).

Coding

CPT	Code Description
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87140	Culture, typing; immunofluorescent method, each antiserum
87147	Culture, typing; immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate

References and Resources

Avalon Medical Policy AHS – G2156 – Urine Culture Testing for Bacteria

Related Documents

Avalon Medical Policy AHS- G2149 -Pathogen Panel Testing

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4th Quarter updates